



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

## Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 2013 Ending Month 9 Date 18 Year 13

## Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Brian Pastori

Full Name of Candidate (if applicable)

\$ School Committee New Bedford

Office Sought and District

71 Chancery St. New Bedford MA

Residential Address

508-542-5901

Tel. No. (optional)

Committee to elect Brian Pastori

Committee Name

Brooke Syvertsen

Name of Committee Treasurer

71 Chancery Apt 2, New Bedford, MA

Committee Mailing Address

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0  
Line 2: Total receipts this period (page 2, line 11) \$ 1594.99  
Line 3: Subtotal (line 1 plus line 2) \$ 1594.99  
Line 4: Total expenditures this period (page 3, line 14) \$ 0  
Line 5: Ending balance (line 3 minus line 4) \$ 1594.99  
Line 6: Total in-kind contributions this period (page 4) \$ 1055.14  
Line 7: Total (all) outstanding liabilities (page 4) \$ 1451.91  
Line 8: Name of bank(s) used First Citizens Federal Credit union

## Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

9/30/13  
Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Brian Pastori  
Candidate signature (in ink)

9/30/13  
Date

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/12	Donna Assenza 40 Hopkins St, Wakefield, MA 01880	50	00	
9/7	Gloria Clark 436 Parker St. New Bedford, MA 01920	140	00	
9/9	Shirley Demson 356 Kaufman, Rd. Somerset, MA 02726	100	00	
9/17	Richard Drolet 196 Herson St. New Bedford, MA 02745	50	00	
9/12	Andrea Galipeau 71 Chancery St. New Bedford, MA 02780	50	00	
9-15	Benevento Exchop 1300 Acushnet Ave, New Bedford, MA 02746	100	00	
9-6	Nancy Kurtz 70 High St S. Dartmouth, MA 02748	75	00	
9-16	Joann Lacock 84 Central Ave, Medford, MA 02155	50	00	
9-16	Lauren Pastori 27 Wesmur Rd. Malden, MA 02148	50	00	
9-16	Patricia Pastori 5 Nathaniel Rd Medford, MA 02155	200	00	Macy's Dept Store Cosmetics Sales Rep
9-12	Deborah Rohrer 240 Tremont St. New Bedford, MA 02746	50	00	
Line 9: Total receipts in excess of \$50 (or listed above)		915	00	
Line 10: Total receipts \$50 and under* (not listed above)		679	99	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1594	99	Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
Enter on page 1, line 4			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under*		
			<b>Line 14: TOTAL EXPENDITURES</b>		

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/5-9/19	Coalition for Social Justice	56 N. Main St. Ste. 403 Fall River, MA 02720	Staff time Office phone Rental Van Rental	1055.14
Enter on page 1, line 6				
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				1055.14

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/11/13	Brian Pastori	71 Chancery St. New Bedford, MA	Loan for Signs	796.88
9/6/13	Brian Pastori	71 Chancery St. New Bedford, MA	Loan for Printing Materials	390.03
9/17/13	Corinn Williams	225 Hudson St New Bedford, MA	Food Reimburse for Fundraiser	265.00
Enter on page 1, line 7				
Line 18: OUTSTANDING LIABILITIES (ALL)				1451.91